



Verifying Empire Plan Copayments Online

As we've reported, because some Empire Plan employee groups have experienced copayment changes and some have not, it is imperative to verify the copayment requirements for your specific Empire Plan patients. This can be done by checking the Empire Plan Medical Program Copayment Guide, calling customer care at 1-877-7-NYSHIP (1-877-769-7447), or using the LINK tools available at UHCprovider.com.

To use LINK:

- Sign on to **UHCprovider.com**.
- Select **LINK** in the upper right corner of the home screen.
- Select **eligibilityLINK** from the menu of LINK tools.
- Enter or **Confirm Your Corporate Information**.
- **Search for Member**.
- **Policies/Key Dates and Patient/Provider Information** will display. This allows you to review Effective and Termination dates, the Subscriber's address, etc.
- Scroll down to **Detailed Benefits Information**. This allows you to review the detailed benefits by clicking on a category.
- Select **Copays** under Benefit Search Categories.
- A table will display outlining that specific member's copayment responsibilities.

Empire Plan Coverage for Human Papillomavirus (HPV) Vaccine

The Empire Plan includes adult immunization coverage for Human Papillomavirus (HPV) Vaccine through age 26. On October 5, 2018, the U.S. Food and Drug Administration approved a supplemental application for Gardasil 9 (Human Papillomavirus 9-valent Vaccine, Recombinant) expanding the approved use of the vaccine to include women and men aged 27 through 45 years.

For coverage to be available under The Empire Plan, an immunization must be recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). This vaccine does not yet have explicit ACIP recommendations for routine use published in the Morbidity & Mortality Weekly Report of the CDC. Therefore, coverage is not available under The Empire Plan for Gardasil 9 for individuals aged 27 through 45 years.

You may seek and collect payment from patients over the age of 26 who receive this vaccination provided you have first obtained the plan participant's written consent prior to rendering the service. Be sure to retain a copy of this consent in the plan participant's medical record.

Do You Prescribe, Perform, or Dispense Home Care Services or Equipment? Be Sure to Keep the Empire Plan's Home Care Advocacy Program (HCAP) in Mind

Balancing patient desires with medically appropriate, skilled care and cost-effectiveness with quality, while continually ensuring that the maximum benefits available are authorized for the appropriate level of care is a difficult undertaking. Yet, this is exactly what is accomplished every day by UnitedHealthcare's Empire Plan Care Coordination Unit (CCU) when administering the Home Care Advocacy Program (HCAP).

What is HCAP?

HCAP is The Empire Plan program for:

- Durable Medical Equipment (DME) & Integral Supplies (such as oxygen tubing and oxygen masks);
- Home Skilled Nursing Services;
- Home Infusion Therapy; and
- Certain other home health care services and prescription drugs when the home care arranged through HCAP takes the place of hospitalization or care in a skilled nursing facility.

An enhanced level of benefits is available when Empire Plan enrollees call HCAP to arrange for these services/items and use HCAP-approved providers. Lesser benefits are available for medically necessary covered services by out of network providers.

The contracted amounts for HCAP covered home care services by a network provider are paid directly to the provider, leaving The Empire Plan enrollee with no out of pocket responsibility. No deductible or copayment is required. However, failure to notify HCAP prior to the delivery of services results in no payment for the services, except in the case of an emergency. And, services covered under other Empire Plan programs, such as prescription drugs, may be subject to copayments as required by the provisions of those programs.

How Are Empire Plan Network Physicians Impacted?

Empire Plan Network physicians and providers play a key role in helping us to ensure that patients obtain the home care services/supplies they need while receiving the plan benefits they deserve. Empire Plan network physicians and providers are required to cooperate with the Empire Plan programs related to services/supplies that they may prescribe, such as home care and equipment. In that regard, we expect that network physicians will carefully evaluate the need for the services/supplies that they prescribe and educate Empire Plan patients with respect to their necessity

and the most cost-effective, medically appropriate manner to meet that need. This would include explaining the difference between skilled and unskilled care, and medical necessities versus convenience items and services, since the latter are not covered under The Empire Plan.

Services That Require Notification

HCAP notification is required prior to the delivery of:

- **Home Skilled Nursing Services;**
- **Home Infusion Services (except for administration of enteral formula via tube for patients whose primary coverage is Medicare);**
- **Infertility Services;**
- **Mastectomy prosthetics over \$1,000; and**
- **Diabetic shoes and certain DME items for patients whose primary coverage is The Empire Plan.**

The list of DME items requiring notification for Empire Plan primary patients can be found at:

UHCprovider.com → *Prior Authorization and Notification*
→ *Plan Requirements for Advance Notification/*
Prior Authorization → *Empire Plan Notification Lists*

Administration of enteral formula via tube for patients whose primary coverage is Medicare, diabetic supplies, ostomy supplies, and orthotics or prosthetics other than diabetic shoes or mastectomy prosthetics over \$1,000 do not require a notification call. However, to receive a paid-in-full benefit for these items prescribed by a physician, the plan participant must use a network provider.

How to Notify

Notification may be initiated by the ordering physician or home care provider/vendor on behalf of the enrollee by calling the CCU at 1-877-7NYSHIP (1-877-769-7447); select the Medical Program option, then Benefit Management Program/Home Care Advocacy Program. When the CCU is closed due to a holiday, notification should be made the next business day. Most determinations are made at the time of the initial call; however, some services may require further review by The Empire Plan Medical Director before a determination is made.

Have You Heard About the Statewide Health Information Network of New York (SHIN-NY)?

What Is SHIN-NY?

The Statewide Health Information Network of New York (SHIN-NY) is a secure network that allows electronic exchange of clinical information and connects healthcare professionals across New York State. It is coordinated by the New York eHealth Collaborative (NYeC) in conjunction with the State of New York Department of Health.

How Does It Work?

Private practices, nursing homes, clinics, hospitals, and others with digitized records have the option to connect to a regional information hub, or Qualified Entity (QE), also commonly referred to as a RHIO - Regional Health Information Organization. QEs compile health record data and, with patient consent, allow it to be shared securely with other providers in the region. The SHIN-NY then connects the QEs together to create a private and secure network spanning all of New York State.

What Can SHIN-NY Do For You?

All QEs are required to offer free basic services to their participants. Additional “value-added services” may also be provided for a fee. Some key services available include:

- **Patient Record Lookup (PRL)** – Functions like a highly secure search engine, allowing participants to retrieve individual patient records from across the state after receiving consent from the patient.
- **Alerts (Clinical Event Notifications)** – Alerts allow participants to receive real-time updates about their patients. For example, if a patient enters or is discharged from a hospital, a subscribing provider can receive an Admittance, Discharge, Transfer alert.
- **Secure Messaging** – Gives participants the ability to seamlessly exchange authenticated and encrypted clinical data. It’s similar to highly secure email between providers.
- **Results Delivery** – Provides electronic diagnostic results and reports to ordering clinicians and others designated to receive results.
- **Provider & Public Health Clinical Viewers** – Allows participants or authorized public health officials to search for patient records across all data sources on identifying information. The Clinical Viewer is web-based, which eliminates the need to integrate with Electronic Health Records (EHRs).
- **Consent Management** – Tracks and verifies patient consent to share and access records per New York State and federal law and other requirements defined by HIPAA.

What Are the Benefits?

The sharing of clinical data via SHIN-NY supports value-based healthcare, better outcomes, lower costs, and increased safety. Use of the SHIN-NY to access patient information is associated with approximately:

- 50% reduction in the rate of hospital readmissions
- 26% reduction in the rate of emergency department admissions
- 35% reduction in the rate of repeat imaging procedures
- 10% lower 30-day readmission rate among Medicare fee-for-service beneficiaries

Want to Join or Get More Information?

To join the SHIN-NY, healthcare professionals must first connect to a Qualified Entity. QE contact information is outlined below. To help defray the cost of connecting to a QE, NYeC offers the Data Exchange Incentive Program (DEIP). For more information regarding DEIP or SHIN-NY in general, you can also visit the NYeC website, nyhealth.org.

<p>Bronx RHIO bronxrhio.org</p>	<p>Charles Scaglione, Executive Director cscaglio@bronxrhio.org</p>
<p>HealtheConnections healtheconnections.org</p>	<p>Rob Hack, President and CEO rhack@healtheconnections.org</p>
<p>HEALTHeLINK wnyhealthelink.com</p>	<p>Dan Porreca, Executive Director dporreca@wnyhealthelink.com</p>
<p>Healthix healthix.org</p>	<p>Todd Rogow, President and CEO trogow@healthix.org</p>
<p>Hixny hixny.org</p>	<p>Mark McKinney, Chief Executive Officer mmckinney@hixny.org</p>
<p>NY Care Information Gateway (NYCIG) nycig.org</p>	<p>Nick VanDuyne, Executive Director nick.vanduyne@nycig.org</p>
<p>Rochester RHIO grrhio.org</p>	<p>Jill Eisenstein, President and CEO jeisenstein@grrhio.org</p>



**The Empire
Plan**

Empire Plan Medical Program Copayments

As you've seen in prior issues of Network News and via standalone Empire Plan Medical Program Copayment Guide mailings, there have been Empire Plan copayment changes for 2019. However, those changes apply only to certain Empire Plan employee groups as noted in the Copayment Guide. Not all Empire Plan employee groups have the same copayment requirements. Some have changed, but some have not.

Please be sure to review the Guide carefully and/or verify the patient's copayment liability via UHCprovider.com or by calling 1-877-7NYSHIP (1-877-769-7447). Changes to date have been outlined below.

The following employee groups continue to have a \$20 copay for office visits and have NOT had copayment changes at this time:

- **APSU**
- **Council 82**
- **PEF**
- **PIA (NYS Police Investigators Unit)**
- **Unified Court System – COBANC**

As of **January 1, 2019**, the following employee groups have an office visit copay of \$25 and experienced other copayment changes:

- CSEA
- District Council 37
- NYS Retirees
- Participating Agencies – The Empire Plan (primarily local governments)
- Participating Employers (primarily public authorities)
- PBA – Supervisors
- PBA – Troopers
- Unified Court System – All Others
- UUP (Including Lifeguards)

As of **June 1, 2019**, the following employee groups have an office visit copay of \$25 and experienced other copayment changes:

- Management/Confidential
- NYSCOPBA

Enrollees in the Excelsior Plan continue to have an office visit copayment of \$30.

Enrollees in the Student Employee Health Plan (SEHP) continue to have an office visit copayment of \$10.



Don't Forget ...

Review the UnitedHealthcare Network Bulletin available at UHCprovider.com. Network Bulletin is a monthly publication featuring important protocol and policy changes, as well as useful administrative information and clinical resources for providers, practice managers, facilities and hospitals. Some of the information in Network Bulletin applies to The Empire Plan and the Empire Plan Network, and some does not. Each month, we post a notice alongside Network Bulletin at UHCprovider.com noting which articles apply to The Empire Plan and which do not. To access Network Bulletin and the related Empire Plan notice, sign on to UHCprovider.com and select "News and Network Bulletin" in the "Resource Library" section (or select News and Network Bulletin in Quick Links at the bottom of the home page).

UHCprovider.com → MENU → Resource Library → News and Network Bulletin

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The Empire Plan

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Send your Empire Plan claims and written inquiries regarding claims issues to:

Empire Plan Claims
PO Box 1600
Kingston, NY 12402-1600

Send written inquiries regarding Empire Plan Network participation issues and changes to your contractual identifiers, such as tax identification number(s) or practitioners joining/leaving your practice, to:

Empire Plan Network Management
PO Box 2300
Kingston, NY 12402-2300

Send changes to your practice demographic information, such as address(es), telephone number(s), etc., via:

- **My Practice Profile / LINK tool at UHCprovider.com;**
- **Email: hpdemo@uhc.com;**
- **Fax: (844) 897-5439; or**
- **Paper: The Empire Plan Network Management address above** (only if you do not have internet or fax access).

If you are unsure regarding any aspect of The Empire Plan, please call **1-877-7NYSHIP (1-877-769-7447)**.